

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING
FEES OR COSTS IN FORMA PAUPERIS (IFP)**

Case Number: 25-CV-842-SPM

Plaintiff: Jeffrey Luffman

v.

Defendant(s):

Defendants.

COLLINSVILLE COMMUNITY UNIT SCHOOL DISTRICT #10;

BRAD SKERTICH; LAURA BAUER; BRADLEY HYRE; DAN PORTER; SUSAN FRECHMAN;
SARAH GAFFORD;

SCHOOL BOARD MEMBERS SOEHLKE, PECCOLA, BRONNBAUER, CRAFT, HASAMEAR,
REULECKE, and STUTTS;

COLLINSVILLE POLICE OFFICER KUELCHKE, OFFICER HUNT, OFFICER LACROY, OFFICER
EDWARDS, OFFICER OWEN, OFFICER MOORE, OFFICER SEVERNE, OFFICER FOLEY,
SCHOOL RESOURCE OFFICER; and FOIA OFFICER WILKE;

MARYVILLE POLICE OFFICERS LEFFLER and FOIA OFFICER JOLENE HENRY;

CITY OF COLLINSVILLE FOIA OFFICER KIMBERLY WASSER;

ATTORNEYS TONY DOS SANTOS; DAVID FAHRENKAMP; MICHAEL WESLEY;

COLLINSVILLE SCHOOL DISTRICT 10 LEGAL COUNSEL DANA BOND and GUIN MUNDORF
LLC;

MADISON COUNTY ILLINOIS STATES ATTORNEY OFFICE

ILLINOIS ATTORNEY GENERAL'S OFFICE CIVIL RIGHT, VETERAN HIRING, ADA
COMPLIANCE, PUBLIC ACCESS BUREAU, and FOIA COMPLIANCE OFFICER;

**I am a plaintiff in this case and declare that I am unable to pay the costs of
these proceedings.**

I declare under penalty of perjury that the information below is true and understand that a
false statement may result in a dismissal of my claims.

FILED
MAY 02 2025
CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
E. ST. LOUIS OFFICE

1. Are you currently incarcerated?

☐ Yes ☒ No

2. Do you have any dependents?

☒ Yes ☐ No

If yes, list: One dependent child

3. Employment Status:

☐ Employed ☒ Not employed

If not employed, state last employment and when: Public advocate – 2023

4. Other Income:

☒ Social Security Disability Insurance (SSDI)

☒ Veterans Administration (VA) benefits – 100% P&T disabled

☒ Combat Related Special Compensation **CRSC Special Monthly Compensation Code–**
100% P&T disabled

☒ Army Retirement – 100% P&T disabled

5. Total Monthly Income:

\$12763.19

6. Cash or bank accounts:

Balance: Less than \$1000

7. Property owned:

☐ None ☒ Personal residence (mortgaged), basic personal property only

8. Debts and Monthly Expenses:

☒ Rent/mortgage

☒ Utilities

☒ Medical

☒ Child-related expenses

☒ Transportation

☒ Legal fees and prior attorney costs (IARDC complaint pending)

9. Other Circumstances:

I am a 100% permanently and totally disabled U.S. Army veteran, currently receiving SSDI and VA benefits. I am unable to afford private counsel or service of process. I am the subject of ongoing litigation involving First Amendment retaliation, civil rights violations, and related claims, with federal oversight active.

I declare under penalty of perjury that the above information is true and correct.

Date: May 02, 2025

/s/ Jeffrey Luffman

Jeffrey Luffman

212 Camelot Dr.

Collinsville Il 62234

Email: jeffrey.luffman@outlook.com

Phone: 636-675-4864



Social Security Administration Benefit Verification Letter

Date: January 15, 2025
BNC#: 25UA458D28454
REF: A

JEFFREY SCOTT LUFFMAN
212 CAMELOT DR
COLLINSVILLE IL 62234-4813

0101BEV0F8P20J0 CCM.M72.BEV0F.R250115

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2024, the full monthly Social Security benefit before any deductions is \$2,823.60.

We deduct \$185.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$2,638.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

We found that you became disabled under our rules on March 19, 2018.

Information About Past Social Security Benefits

From December 2023 to November 2024, the full monthly Social Security benefit before any deductions was \$2,754.80.

We deducted \$174.70 for medical insurance premiums each month.

The regular monthly Social Security payment was \$2,580.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

See Next Page

25UA458D28454

Page 2 of 2

Medicare Information

You are entitled to hospital insurance under Medicare beginning August 2021.

You are entitled to medical insurance under Medicare beginning August 2021.

Your Medicare number is 7GP5EP2VW77. You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Date of Birth Information

The date of birth shown on our records is January 8, 1975.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

Need more help?

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **1-877-405-0471**.

SOCIAL SECURITY
WEST POINTE CENTER
227 W POINTE DR
BELLEVILLE IL 62226

How are we doing? Go to www.ssa.gov/feedback to tell us.

Social Security Administration



DEPARTMENT OF VETERANS AFFAIRS

January 26, 2025

Jeffrey Luffman
212 Camelot Dr
Collinsville, IL 62234

In Reply Refer to:
xxx-xx-6577
27/eBenefits

Dear Mr. Luffman:

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

Your VA claim number is: xxx-xx-6577

You are the Veteran.

Military Information

Your most recent, verified periods of service (up to three) include:

Branch of Service	Character of Service	Entered Active Duty	Released/Discharged
Army	Honorable	February 26, 1996	February 26, 2000
Army	Honorable	January 15, 2001	December 14, 2006
Army	Honorable	December 15, 2006	March 19, 2018

(There may be additional periods of service not listed above.)

VA Benefit Information

Your current monthly award amount is:	\$4216.35
The effective date of the last change to your current award was:	December 01, 2024
You are in receipt of special monthly compensation due to the type and severity of your service-connected disabilities:	Yes

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at

<http://www.va.gov/statedva.htm>.

How You Can Contact Us

- If you need general information about benefits and eligibility, please visit us at <https://www.ebenefits.va.gov> or <http://www.va.gov>.
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Ask a question on the Internet at <https://www.va.gov/contact-us>.

Sincerely Yours,

Regional Office Director



This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

STATE OF ILLINOIS, CIRCUIT COURT MADISON COUNTY	FINANCIAL AFFIDAVIT (FAMILY & DIVORCE CASES) <input checked="" type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>
Instructions ▼ Enter above the county name where the case was filed. Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint. Enter the Case Number given by the Circuit Clerk.	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Jeffrey Scott Luffman</div> <div style="padding-bottom: 5px;">Petitioner (First, middle, last name)</div> <div style="text-align: center; padding: 10px 0;">v.</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Maegen Rozycki</div> <div style="padding-bottom: 5px;">Respondent (First, middle, last name)</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">2022DC000325</div> <div style="padding-bottom: 5px;">Case Number</div>

IMPORTANT: (1) If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees; (2) If you need more room for a section, complete and attach the *Additional Information* form for that section. *Do not file this document and the enclosures with the Circuit Clerk unless a local rule or court order requires you to do so.* Ask the Circuit Clerk where to find these rules.

NOTE: Do not include in this affidavit any Social Security or individual taxpayer-identification numbers, driver's license numbers, financial account numbers, or debit or credit card numbers. If any of these items are included on documents you are going to attach to this affidavit, hide them by covering them with black ink or otherwise removing.

In 3a-d, check the boxes of the documents you are attaching to this form as evidence of your income, assets, and debts. If you select 3d, enter the names of the additional documents you are attaching.

In 4, do not complete 4b and 4c if your contact information is protected pursuant to court order because of domestic violence or abuse.

1. I am the ☒ **Petitioner** ☐ **Respondent** in this case.
2. I swear or affirm the information in this *Financial Affidavit* and all attached statements are true and correct as of 02/12/2025.
Date
3. I attached the most recent copies of the following documents (Check all that apply. You must attach these documents if you have or can get them.)
 - a. ☒ pay stubs or other proof of income
 - b. ☐ income tax returns (including K-1, W-2, 1099, and all schedules.)
 - c. ☒ bank statements
 - d. ☒ other documents in verifying your debts in 14 and your assets in 15:

bills

bank statements
4. **Information about myself**
 - a. Name Jeffrey Scott Luffman

First
Middle
Last
 - b. Phone Number (636) 675-4864
 - c. Home Address 212 Camelot Dr

Street Address, Apt.

Collinsville, IL 62234

City
State
ZIP
 - d. Date of Birth 02/12/2025
5. **Information about other household members**
 I live with another adult who helps me pay my expenses. This person is not the Petitioner or Respondent in this case. ☐ Yes ☒ No

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In 6, check all that apply. Provide all information requested about your jobs, including all full-time, part-time, temporary, contract, or other work. Provide all the requested information about any business you own or operate and the business income.

If you have more than one job or business, fill out and attach the *Additional My Employment/ Business* forms.

In 6b, enter your total gross income from this employer from January 1 of this year through the date you complete this form.

In 6c, check the box that best describes your self-employment, and/or the box that describes the type of business you have. List the name and address of the business, and the gross receipts for last year and this year.

6. My Employment/Businessa. I am ☒ unemployedb. I am ☐ employed by someone else

Employer name _____

Employer address _____

*Street Address, Apt.**City**State**ZIP*

Number of paychecks per year: ☐ 12 (*monthly*) ☐ 24 (*two times a month*)
☐ 26 (*every two weeks*) ☐ 52 (*weekly*)
☐ I am paid in cash

Gross income (*pay before taxes and deductions*) so far this year \$ _____
as of _____
Date

c. Self-Employment or Other Business Income:

- ☐ own a business as a sole proprietorship.
☐ as an independent contractor.
☐ as a member of a partnership.
☐ as a member of a limited liability company (LLC) not treated as a corporation.
☐ closely held corporation.
☐ other flow-through business entity.

Business name: _____

Business address: _____

*Street Address, Apt.**City**State**ZIP*

Gross business receipts for last year \$ _____ and so far this year \$ _____

Ordinary and necessary expenses required to carry on the business for
last year \$ _____ and this year \$ _____

Do you receive any of the following from the business (*check all that apply*):

- ☐ Reimbursed meals
☐ Company car
☐ Free housing or housing allowance
☐ Other: _____

(You must attach complete federal and state business tax returns for the most recent tax year.)

☐ I have attached one or more *Additional My Employment/Business* forms.

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In 7a, check only one.

In 7a-c, enter the information you submitted on last year's IRS tax return. If you did not file a tax return for last year, check **Did not file** in 7a, leave 7b blank, but still complete 7c.

For help in calculating monthly amounts, see *How to Complete a Financial Affidavit (Family & Divorce Cases)*.

In 8, **Regular employment earnings** mean the monthly gross income you receive on a regular basis from employment.

If you have other income not listed in 8, describe the source of the income in **Other** and enter the monthly amount.

In **Total Gross Monthly Income**, add the amounts in 8 together and enter the total.

7. My gross income and taxes from last year

- a. Tax filing status ☐ Married (*Joint*) ☐ Married (*Separate*) ☐ Single
☐ Head of Household ☒ Did not file
- b. I claim on my federal tax return
☐ the standardized deduction
☐ itemized deductions
- c. Gross income (*before taxes and deductions*) last year \$ _____
- d. On my last tax return I claimed:
☐ Child tax credit ☐ Additional child tax credit
☐ Credit for other dependents ☐ Earned Income Credit
☐ Dependent care credit

8. My monthly gross income from all sources

Regular employment/self-employment earnings from all jobs (<i>salary, wages, base pay, etc.</i>).....	\$ 0.00
Overtime.....	\$ 0.00
Commission.....	\$ 0.00
Tips.....	\$ 0.00
Bonus.....	\$ 0.00
Pension.....	\$ 2,448.65
Annuity.....	\$ 0.00
Interest income.....	\$ 0.00
Dividend income.....	\$ 0.00
Trust income.....	\$ 0.00
Social Security Retirement	\$ 0.00
Social Security Disability.....	\$ 2,823.60
Social Security Income (SSI) (<i>not included as income for child support purposes</i>).....	\$ 0.00
Unemployment.....	\$ 0.00
Disability payment (<i>not Social Security</i>).....	\$ 4,216.35
Workers' Compensation.....	\$ 0.00
TANF and SNAP (<i>not included as income for child support purposes</i>).....	\$ 0.00
Military allowances.....	\$ 2,232.35
Investment income.....	\$ 0.00
Rental income.....	\$ 0.00
Partnership income.....	\$ 0.00
Distributions and draws.....	\$ 0.00
Royalty income.....	\$ 0.00
Maintenance received under an order entered in this case or another case that you must report as income on your tax return	\$ 0.00
Maintenance received under an order entered in this case or another case that you do not have to report as income on your tax return.....	\$ 0.00
Child support for children of this relationship (<i>if this support is paid by the other parent, it does not affect the support calculation</i>).....	\$ 0.00
Social Security payment made to the children of this relationship based on your disability or retirement.....	\$ 0.00
Gifts of money.....	\$ 0.00
Other: _____	\$ 0.00

Total Gross Monthly Income **\$ 12,763.19**

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In 9, use information from your paystubs, tax records, and other sources to identify the deductions being taken from your income. List money deducted for health insurance below in Section 13.

In Total Monthly Deductions, add the amounts from 9 together and enter the total.

In 10, list any maintenance payments you are making. If you are not sure about whether your payments are tax-deductible, speak to your attorney or tax-preparer. Generally, maintenance payments court ordered after January 1, 2019 are not tax deductible.

For 11, attach a copy of the support order and proof that you are making the payments, e.g. cancelled checks, court records.

For help in calculating monthly amounts, see *How to Complete a Financial Affidavit*.

In 12a, enter the amount your household spends on each item each month.

If you have other living expenses not listed in 12a, describe the expense in Other and enter the monthly amount.

9. My monthly payroll deductions

Federal tax.....	\$ 0.00
State tax.....	\$ 0.00
FICA (or Social Security equivalent, for example, Self-employment) tax).....	\$ 0.00
Medicare tax.....	\$ 0.00
Mandatory retirement contributions (by law or condition of employment, but only if no FICA or Social Security equivalent).....	\$ 0.00
Total Monthly Deductions	\$ 0.00

10. Monthly maintenance payments

Maintenance being paid or payable to the other party by you under a court order in this case.....	\$ 0.00
Maintenance being paid under a court order to a former spouse by you, which is tax deductible to you.....	\$ 0.00
Maintenance being paid under a court order to a former spouse by you, which is not tax deductible to you.....	\$ 0.00
Total Maintenance Payments	\$ 0.00

11. Monthly child Support payments

Child support being paid for the children of this relationship under a court order in this case or a different case.....	\$ 375.13
Child support being paid under a court order for children not shared with the other party and who are not part of this case.....	\$ 700.00
Child support being paid, but there is no court order, for children not shared with the other party and who are not part of this case and (1) that are presumed to be yours, (2) for whom there is a voluntary acknowledgment of paternity (VAP) signed by you and the other parent, OR (3) for whom there is a court order naming you as a parent, but there is no support order.....	\$ 0.00
Total Child Support Payments	\$ 1,075.13

12. My monthly Living Expenses**a. Household Expenses**

Mortgage or rent.....	\$ 2,235.00
Home equity (HELOC) and second mortgage.....	\$ 0.00
Real estate taxes.....	\$ 0.00
Homeowners or condo association dues and assessments.....	\$ 0.00
Homeowners or renters insurance.....	\$ 133.81
Gas.....	\$ 0.00
Electric.....	\$ 300.00
Telephone.....	\$ 300.00
Cable or satellite TV.....	\$ 60.00
Internet.....	\$ 60.00
Water and sewer.....	\$ 200.00

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In Subtotal Monthly Household Expenses, add the amounts in 12a together and enter the total.

Garbage removal.....	\$ 50.00
Laundry and dry cleaning.....	\$ 200.00
House cleaning service.....	\$ 0.00
Necessary repairs and maintenance to my property.....	\$ 0.00
Pet care.....	\$ 100.00
Groceries, household supplies, and toiletries.....	\$ 1,000.00
Other: _____	\$ 0.00
Subtotal Monthly Household Expenses	\$ 4,638.81

In 12b, enter the amount you spend monthly on each type of transportation expense.

If you have other transportation expenses not listed in 12b, describe the expense in Other and enter the monthly amount.

In Subtotal Monthly Transportation Expenses, add the amounts in 12b together and enter the total.

In 12c, enter the amount you spend monthly only for yourself on each type of expense. Do not include expenses you are reimbursed for through insurance or your employer.

b. Transportation Expenses

Car payment.....	\$ 860.00
Repairs and maintenance.....	\$ 0.00
Insurance, license, registration and city sticker.....	\$ 0.00
Gasoline.....	\$ 0.00
Taxi, ride-share, bus, and train.....	\$ 0.00
Parking.....	\$ 0.00
Other: _____	\$ 0.00
Subtotal Monthly Transportation Expenses	\$ 860.00

c. Personal Expenses

Medical (*out-of-pocket expenses*)

Doctor visits.....	\$ 150.00
Therapy and counseling.....	\$ 0.00
Dental and orthodontia.....	\$ 0.00
Optical.....	\$ 0.00
Medicine.....	\$ 0.00

Life insurance

Life (<i>term</i>).....	\$ 0.00
Life (<i>whole or annuity</i>).....	\$ 0.00

Clothing.....	\$ 150.00
Grooming (<i>hair, nails, spa, etc.</i>).....	\$ 0.00
Gym & Club membership Dues.....	\$ 0.00
Entertainment, dining out, and hobbies.....	\$ 0.00
Newspapers, magazines, and subscriptions.....	\$ 0.00
Gifts.....	\$ 0.00
Donations (<i>political, religious, charity, etc.</i>).....	\$ 0.00
Vacations.....	\$ 0.00
Mandatory or voluntary union, trade or professional association dues.....	\$ 0.00
Professional fees (<i>accountants, tax preparers, attorneys</i>).....	\$ 0.00
Other:	\$ 0.00

Subtotal Monthly Personal Expenses**\$ 300.00**

If you have other personal expenses not listed in 12c, describe the expense in Other and enter the monthly amount.

In Subtotal Monthly Personal Expenses, add the amounts in 12c together and enter the total.

In 12d, enter the amount spent monthly for the minor and dependent children of this relationship only.

d. Minor and Dependent Children Expenses

Clothing.....	\$ 0.00
Grooming (<i>hair, nails, spa, etc.</i>).....	\$ 0.00
Education	
Tuition.....	\$ 0.00
Books, fees, and supplies.....	\$ 0.00
School lunch.....	\$ 0.00

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In **Medical**, do not include expenses you are reimbursed for through insurance or your employer.

If there are other child-related expenses not listed in 12d, describe the expense in **Other** and enter the amount.

In **Subtotal Monthly Minor and Dependent Children Expenses**, add the amounts in 12d together and enter the total.

In 13, enter information about the primary health insurance you have for yourself and your family.

If you have more than one **Health Insurance** carrier, then list other health insurance companies in the *Additional Health Insurance* forms and attach it.

Transportation.....	\$ 0.00
School-sponsored trips and special events.....	\$ 0.00
Uniforms.....	\$ 0.00
Before and after-school care.....	\$ 0.00
Tutoring and summer school.....	\$ 0.00
Medical (out-of-pocket expenses)	
Doctor visits.....	\$ 0.00
Therapy and counseling	\$ 0.00
Dental and orthodontics (braces).....	\$ 0.00
Vision.....	\$ 0.00
Medicine.....	\$ 0.00
Allowance.....	\$ 0.00
Childcare and sitters.....	\$ 0.00
Extracurricular activities and sports (including equipment, uniforms, etc.).....	\$ 0.00
Summer and school-break camps.....	\$ 0.00
Vacations (children only).....	\$ 0.00
Entertainment, dining out, and hobbies (children only).....	\$ 0.00
Gifts children give to others.....	\$ 0.00
Other:	\$ 0.00
Subtotal Monthly Minor and Dependent Children Expenses	\$ 0.00
Total Monthly Living Expenses (add the subtotals from 12a-d above)	\$ 5,798.81

13. Health InsuranceI have health insurance: ☒ Yes ☐ NoName of insurance company: Humana Military TRICARE selectType of insurance: ☒ Medical ☐ Dental ☐ Orthodontic (braces) ☐ VisionType of Policy: ☒ HMO ☐ PPO ☐ OtherProvided through: ☐ Employer ☐ Private Policy ☒ Other Group Policy ☐ Medicaid/All KidsTotal number of people covered by this policy: 2The insurance covers: ☒ Me ☐ My spouse/partner ☒ children of this relationship☐ children of this relationship and other children

(if you check this box, list the number of the other children covered and their ages):

Total monthly cost for this insurance is \$ 0.00This cost is paid by: ☒ Me ☐ My spouse/partner ☐ Other: _____Monthly cost for this insurance for covering children: \$ 0.00Monthly cost for this insurance for covering children of this relationship (if known): \$ 120.00

Yearly Deductible (amount you pay before your insurance starts to pay):

Per individual \$ 0.00 Per family \$ 0.00Coinsurance (percentage of costs you pay, e.g. 20%): 0%Copayment (a flat amount you pay per service, e.g. \$20): \$ 0.00

☒ I have attached one or more *Additional Health Insurance* forms because I have more than one health insurance policy.

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In 14, enter your debts including credit cards and past due bills. Do not include debt payments previously listed in 12 and 13 above, such as your mortgage or car payment.

If you have more than 6 creditors, list them on *Additional My Debts* forms and attach them.

In **Total Monthly Debt Payments**, add the Monthly Payment amounts from 14 together and enter the total. Include any debts listed on any *Additional My Debts* forms.

14. My Debts (do not list expenses included in section 12)

	Creditor Name	Describe Nature of Debt (parking tickets, household goods, attorney's fees, etc.)	Amount Owed	Monthly Payment Being Made
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$

☐ I have attached one or more *Additional My Debts* forms.

Amount from *Additional My Debts* (if any) \$

Total Monthly Debt Payments \$

Note:

Fair Market Value (FMV) is generally defined as a selling price for an item to which an unrelated buyer and seller can agree. For more information on FMV, read *How to Complete a Financial Affidavit (Family & Divorce Case)* available at <https://ilcourts.info/forms>.

In 15a, enter your cash and cash equivalents. Do not list account numbers.

If you have more than 3 **Checking, Savings, Money Market or Other Bank or Credit Union Accounts**, list them in *Additional Cash and Cash Equivalents* forms and attach them.

15. My Assets**a. Cash and Cash Equivalents (list balance as of the date of this affidavit)**

Checking, Savings, Money Market, and Other Bank or Credit Union Accounts

	Name of Bank or Institution	Name on Account	Account Type	Balance
1.	USAA	JEFFREY LUFFMAN	Savings	\$ 0.00
2.	USAA	DAISEY LUFFMAN	Checking	\$ 50.00
3.	USAA	DAISEY LUFFMAN	Checking	\$ 71.00

☐ I have attached one or more *Additional Cash and Cash Equivalents* forms.

Certificates of Deposit (list balance as of the date of this affidavit)

	Name of Bank or Institution	Name on Account	Balance
1.	USAA	JEFFREY LUFFMAN	\$ 1,000.00
2.			\$
3.			\$

☐ I have attached one or more *Additional Certificates of Deposit* forms.

If you have more than 3 **Certificates of Deposit**, list them in *Additional Certificates of Deposit* forms and attach them.

A Prepaid Debit Card is a card that can be used to make purchases much as you would use cash. Many prepaid cards carry the brand of a card network, like MasterCard, Visa, or American Express.

If you have more than 3 **Cash, Prepaid Debit Cards or Money Transfer Apps** or locations for your cash, list them in *Additional Cash and Prepaid Debit Card* forms and attach them.

Cash, Prepaid Debit Cards and Money Transfer Apps like Venmo, PayPal, Apple pay, etc. (list balance as of the date of this affidavit)

	Location of Cash/Card	Held By	Balance
1.	CASH APP	Jeffrey Luffman	\$ 82.00
2.			\$
3.			\$

☐ I have attached one or more *Additional Cash and Prepaid Debit Card* forms.

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In 15b, enter information for your investments and securities.

If you have more than 3 Investment Accounts and Securities, list them in *Additional Investment Accounts and Securities* forms and attach them.

If you have more than 3 Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes, list them in *Additional Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes* forms and attach them.

In 15c, enter information for your real estate, including your home if you own it.

If you have more than 3 pieces of Real Estate, list them in *Additional Real Estate* forms and attach them.

In 15c and 15d, in Balance Due, enter the total amount remaining on your loan.

In 15d, enter information about your motor vehicles.

If you have more than 3 Motor Vehicles, list them in *Additional Motor Vehicles* forms and attach them.

In 15e, enter information about your business interests. In Type of Business, enter whether the business is a corporation, S Corp, or LLC, etc.

If you have more than 3 Business Interests, list them in *Additional Business Interests* forms and attach them.

b. Investment Accounts and Securities (list FMV or balance as of the date of this affidavit)

Stocks, Bonds, Options, Employee Stock Ownership Plans

	Company Name	# Shares	Type	Owner	FMV
1.					\$
2.					\$
3.					\$

☐ I have attached one or more *Additional Investment Accounts and Securities* forms.

Investment/Brokerage Accounts, Mutual Funds, Secured or Unsecured Notes, and Cryptocurrency (list balance as of the date of this affidavit)

	Description of Asset	Owner	Balance
1.			\$
2.			\$
3.			\$

☐ I have attached one or more *Additional Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes* forms.

c. Real Estate (list FMV and balance due as of the date of this affidavit)

	Address	Name on Title	FMV	Balance Due
1.			\$	\$
2.			\$	\$
3.			\$	\$

☐ I have attached one or more *Additional Real Estate* forms.

d. Motor Vehicles (cars, boats, trailers, motorcycles, aircrafts, etc.) (list FMV and balance due as of the date of this affidavit)

	Year, Make, and Model	Name on Title	FMV	Balance Due
1.	2025 TOYOTA TUNDRA	JEFFREY LUFFMAN	\$ 55,000.00	\$ 59,000.00
2.			\$	\$
3.			\$	\$
4.			\$	\$

☐ I have attached one or more *Additional Motor Vehicles* forms.

e. Business Interests (list FMV as of the date of this affidavit)

	Name of Business	Type of Business	% of Ownership	FMV
1.	LOVES BOOKS	BOOKS	100%	\$ 0.00
2.				\$
3.				\$

☐ I have attached one or more *Additional Business Interests* forms.

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In 15f, enter information about each life insurance policy you have for yourself, the other party, or your children.

If you have more than 3 Life Insurance Policies, list them in *Additional Life Insurance Policies* forms and attach them.

In 15g, enter information about retirement benefits (vested and non-vested).

If you have more than 3 Retirement Benefits and Deferred Compensation plans, list them in *Additional Retirement Benefits and Deferred Compensation* forms and attach them.

In 15h, enter information for valuable collectible items.

If you have more than 3 Valuable Collectibles, list them in *Additional Valuable Collectibles* forms and attach them.

In 15i, enter information for other personal property with fair market value over \$500.

If you have more than 3 items of Personal Property Valued Over \$500, list them in *Additional Other Personal Property Valued over \$500* forms and attach them.

In 15j, enter information for assets or property you transferred or sold in the last 2 years with FMV of at least \$1,000. Do not include income items listed above in 8.

If you have sold or transferred more than 3 Assets or Properties Within the Last 2 Years With a FMV of at Least \$1,000, list them in *Additional Transfer or Sale of Assets or Property Within the Last 2 Years with a FMV of at least \$1,000* forms and attach them.

f. Life Insurance Policies (list cash balance as of the date of this affidavit)

	Name of Insurance Company	Type of Policy	Death Benefit	Cash Value
1.			\$	\$
2.			\$	\$
3.			\$	\$

☐ I have attached one or more *Additional Life Insurance Policies* forms.

g. Retirement Benefits and Deferred Compensation (pension plan, annuity, IRA, 401(k), 403(b), SEP) (list FMV and or account balance as of the date of this affidavit)

	Name of Plan	Type of Plan	FMV or Account Balance
1.			\$
2.			\$
3.			\$

☐ I have attached one or more *Additional Retirement Benefits and Deferred Compensation* forms.

h. Valuable Collectibles (coins, stamps, art, antiques, etc.)

	Description	FMV
1.		\$
2.		\$
3.		\$

☐ I have attached one or more *Additional Valuable Collectibles* forms.

i. Other Personal Property Valued Over \$500

	Description	FMV
1.		\$
2.		\$
3.		\$

☐ I have attached one or more *Additional Other Personal Property Valued over \$500* forms.

j. Transfer or Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000

	Description	Transferred or Sold to	Date of Transfer	Amount
1.				\$
2.				\$
3.				\$

☐ I have attached one or more *Additional Transfer of Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000* forms.

Enter the Case Number given by the Circuit Clerk: 2022DC000325

In 16, enter information about lawsuits and claims you have filed or have been filed against you. If you did not recover anything, enter \$0. If your case is still pending or has not yet been filed, enter unknown.

If you have more than 3 **Lawsuits and Claims**, list them in *Additional Lawsuits and Claims* forms and attach them.

In 17, enter information about your federal and state tax returns for the last 2 years. Check **Refund** if you received money or a check, or **Amount Owed** if you owed additional taxes.

16. Lawsuits and Claims (workers' compensation, disability, etc.)

	Case Number	Date Lawsuit or Claim Filed	Amount Recovered
1.			\$
2.			\$
3.			\$

☐ I have attached one or more *Additional Lawsuits and Claims* forms.

17. Income Tax Refunds or Amounts Owed for the Last 2 Years (federal and state)

	Tax year	Federal		State	
1.		<input type="checkbox"/> Refund	\$	<input type="checkbox"/> Refund	\$
		<input type="checkbox"/> Amount Owed	\$	<input type="checkbox"/> Amount Owed	\$
2.		<input type="checkbox"/> Refund	\$	<input type="checkbox"/> Refund	\$
		<input type="checkbox"/> Amount Owed	\$	<input type="checkbox"/> Amount Owed	\$

IMPORTANT: If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

After you finish this form, sign and print your name and date it.

I certify that everything in the *Financial Affidavit* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

/s/ Jeffrey Scott Luffman
Your Signature

Jeffrey Scott Luffman
Your Name

02/12/2025
Date

This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

STATE OF ILLINOIS, CIRCUIT COURT MADISON COUNTY		Additional Health Insurance (FINANCIAL AFFIDAVIT) <input checked="" type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>
Instructions ▼ Enter above the county name where the case was filed. Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint. Enter the Case Number given by the Circuit Clerk.	Jeffrey Scott Luffman Petitioner (First, middle, last name) v. Maegen Rozycki Respondent (First, middle, last name)		2022DC000325 Case Number

IMPORTANT: If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees.

Fill out this form only if you have additional **Health Insurance** carriers. If you fill out this form, attach it to your *Financial Affidavit*.

In 13, enter information about the primary health insurance you have for yourself and your family.

13. Health Insurance

I have health insurance: ☒ Yes ☐ No

Name of insurance company: BENEFEDS

Type of insurance: ☐ Medical ☒ Dental ☐ Orthodontic (braces) ☐ Vision

Type of Policy: ☒ HMO ☐ PPO ☐ Other

Provided through: ☐ Employer ☐ Private Policy ☒ Other Group Policy ☐ Medicaid/All Kids

Total number of people covered by this policy: 1

The insurance covers: ☐ Me ☐ My spouse/partner ☒ children of this relationship

☐ children of this relationship and other children

(if you check this box, list the number of the other children covered and their ages):

Total monthly cost for this insurance is \$ 0.00

This cost is paid by: ☒ Me ☐ My spouse/partner ☐ Other: _____

Monthly cost for this insurance for covering children: \$ 0.00

Monthly cost for this insurance for covering children of this relationship (if known): \$ 0.00

Yearly Deductible (amount you pay before your insurance starts to pay):

Per individual \$ 0.00 Per family \$ 0.00

Coinsurance (percentage of costs you pay, e.g. 20%): 0%

Copayment (a flat amount you pay per service, e.g. \$20): \$ 0.00

☐ I have more than two health insurance policies and so I have attached

 Additional Health Insurance forms
Number

If you are attaching more than one additional health insurance forms, list the number of forms you are attaching.